



Office of the Clark County Clerk  
Lynn Marie Goya

**Certificate of Business: Fictitious Firm Name**  
**Termination**

**Please Print or Type**

Original Certificate File Number: \_\_\_\_\_

Termination Date Effective On: \_\_\_\_\_

Fictitious Firm Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Mailing Address City, State, Zip

The undersigned do/does hereby terminate the business/ownership under this fictitious firm name.

Signed By: \_\_\_\_\_  
Full Name of Authorized Signer Signature Date  
\_\_\_\_\_  
Street Address of Business or Residence City, State, Zip

Signed By: \_\_\_\_\_  
(Use if needed) Full Name of Authorized Signer Signature Date  
\_\_\_\_\_  
Street Address of Business or Residence City, State, Zip

**By signing above, I declare (or affirm), under penalty of perjury, that all statements made in this document are true, and that I have authority to sign on behalf of and to bind the above named business/legal entity to a contract.**

*For additional signatures, please use additional pages*

STATE OF \_\_\_\_\_ }  
COUNTY OF \_\_\_\_\_ } SS:

This instrument was acknowledged before me on \_\_\_\_\_  
(Date)

by \_\_\_\_\_  
(Name of individual whose signature is being notarized)

\_\_\_\_\_  
Signature of Notary Public/Deputy Clerk